

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box:

	Excellent	Good	Average	Below Average	Poor	Not Applicable
1. How well did we answer your questions about the proposed transportation project?	(5)	4	3	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	(5)	4	3	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	(5)	4	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	(5)	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input type="checkbox"/>

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: _____

Phone Number: () _____

DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

NOV 09 2011

Project Number: Salem - 10418C Parcel Number: _____

RECEIVED